

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>		8/28/01
O.I.P.E. CLASSIFIER		43	9/5/01
FORMALITY REVIEW	<i>sf</i>	47	9/26/01
RESPONSE FORMALITY REVIEW	AM		03-07-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

1029 5189 3/7/02
 09/26/07